

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Marco Rubio for President**

**A. Full Name (Last, First, Middle Initial)**

**CLAIRMARIE FIELD**

Mailing Address 2413 W 17 ST

City

WILMINGTON

State

DE

Zip Code

19806-1310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TEACHER

Occupation

SELF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.1147533**

Date of Receipt

**03** / **12** / **2016**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**J B FIELDMAN**

Mailing Address 40 TURF LANE

City

ROSLYN HEIGHTS

State

NY

Zip Code

11577-2738

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF

Occupation

M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.1079248**

Date of Receipt

**03** / **10** / **2016**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**J B FIELDMAN**

Mailing Address 40 TURF LANE

City

ROSLYN HEIGHTS

State

NY

Zip Code

11577-2738

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF

Occupation

M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.1081808**

Date of Receipt

**03** / **11** / **2016**

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

550.00

**Total This Period (last page this line number only)**.....